

PART B -FEE(S) TRANSMITTAL

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| | |
|-----------------------|--------------------|
| Raymond W. Augustin | (Depositor's name) |
| /Raymond W. Augustin/ | (Signature) |
| October 31, 2008 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|------------------|----------------------|---------------------|------------------|
| 10/071,667 | February 8, 2002 | Kathy K. Wang | OSTEONICS 3.0-380 | 4016 |

TITLE OF INVENTION: **POROUS METALLIC SCAFFOLD FOR TISSUE INGROWTH**

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|------------|-----------------|------------------|-------------------|
| Patent | no | \$1,510.00 | \$300.00 | \$1,810.00 | December 17, 2008 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|---------------|----------|----------------|
| R. R. Shaffer | 3733 | 623-022210 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.
- Use of a Customer Number is required.**

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

| | |
|---|--|
| 1 | Lerner, David, Littenberg, Krumholz & Mentlik, LLP |
| 2 | |
| 3 | |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Howmedica Osteonics Corp.

Mahwah, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-1095

5. **Change in Entity Status** (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.
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Authorized Signature /Raymond W. Augustin/

Date October 31, 2008

Typed or printed name Raymond W. Augustin

Registration No. 28,588

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on October 31, 2008
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Raymond W. Augustin

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28,588

Registration Number, if applicable

(908) 518-6318

Telephone Number

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Issue Fee Transmittal (1 page)

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